

9092

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health	
BUREAU OF VITAL STATISTICS		State File No. <b>33</b>	
1. PLACE OF DEATH		County <u>Cochise</u> State <u>ARIZONA</u>	
Township <u>Douglas</u>		City <u>Douglas</u> or Village <u>5th Street</u>	
No. <u>1040-5th</u>		St. <u>5th</u> Ward <u>5</u>	
Length of residence in city or town where death occurred <u>23</u> yrs. mos. ds.		How long in U. S. if of foreign birth? <u>23</u> yrs. mos. ds.	
2. FULL NAME <u>George Curry Bennett</u>		How long since death <u>23</u> yrs. mos. ds.	
(a) Residence: No. <u>1040-5th St.</u>		St. <u>5th</u> Ward <u>5</u>	
(Usual place of abode)		If non-resident give city or town and state	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Gertrude W. Bennett</u> (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>7-29-1880</u>			
7. AGE <u>57</u>	Years <u>5</u>	Months <u>1</u>	Days <u>10</u>
If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Smelterman</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>P.L. Corp.</u>		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Fruitland</u> (State or Country) <u>Tenn</u>			
FATHER	13. NAME <u>Richard Ray Bennett</u>		
	14. BIRTHPLACE (city or town) <u>Fruitland</u> (State or Country) <u>Tenn</u>		
MOTHER	15. MAIDEN NAME <u>Endocia Mc Leary</u>		
	16. BIRTHPLACE (city or town) <u>Fruitland</u> (State or Country) <u>Tenn</u>		
17. INFORMANT <u>Gertrude W. Bennett</u> (Address) <u>1040-5th Street</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Douglas Arizona</u> Date <u>Sept 8</u> , 19 <u>37</u>			
19. EMBALMER License No. <u>100-A</u> Signature <u>J. J. McMillan</u>			
FUNERAL DIRECTOR <u>Porter &amp; Ames</u> Address <u>Douglas Arizona</u>			
20. Filed <u>Sept 8</u> , 19 <u>37</u> <u>E. W. Adams</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>9-8-37</u> , 19 <u>37</u>			
22. I HEREBY CERTIFY that I attended deceased from <u>Sept 1</u> , 19 <u>37</u> to <u>Sept 8</u> , 19 <u>37</u>			
I last saw <u>him</u> alive on <u>Sept 7</u> , 19 <u>37</u> ; death is said to have occurred on the date stated above, at <u>3:30 A.M.</u>			
The principal cause of death and related causes of importance were as follows: <u>Branchial Actinomya</u>			
Other contributory causes of importance: <u>Myocarditis</u>			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>37</u>			
Where did injury occur? _____ (Specify city or town, county and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____			
If so, specify <u>C. P. Hunter</u> M. D. (Signed) <u>Douglas Ariz</u> (Address)			